The Harvard South Shore Psychiatry Residency Training Program **VA Boston Healthcare System**

Director Grace J. Mushrush, M.D. Assistant Professor, Harvard Department of Psychiatry

Associate Director Fe Erlita Festin, M.D. Instructor, Harvard Department of Psychiatry





VA Boston Healthcare System **Brockton Division** Psychiatry Education (116A7) 940 Belmont Street Brockton, MA 02301 (508) 583-4500 x 2457/2456

Fax (508) 895-0181 grace_mushrush@hms.harvard.edu

April 14, 2004

Board of Registration in Medicine Attn: Richard Farmer, Jr. Licensing Specialist 560 Harrison Avenue, G-4 Boston, MA 02118

Dear Mr. Farmer:

Enclosed please find the evaluations of Dr. Rajendra D. Badgaiyan which were requested by the Board for Dr. Badgaiyan's full license.

If you require additional information, please do not hesitate to contact me.

Very truly yours,

Grace J. Mushrush, M.D.

Asst. Chief of Psychiatry for Education and Director, Residency Training Program

Gencef Mushrush, ME

Enclosures

PRECEPTOR EVALUATION OF TRAINEE

Feedback is essential if our trainees are to improve their clinical skills. Please complete one of these forms for each psychiatric trainee who rotated through your service. Please be as explicit as possible in your answers. These evaluations will be available for review by both the trainees and the committee which certifies the N trainees' clinical competence for the American Board of Psychiatry and Neurology.

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Please return to Grace J. Mushrush, M.D. Psychiatric Residency Training at Brockton	on VA Medical Center (116A7).

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HARVARD SOUTH SHORE PSYCHIATRY RESIDENCY TRAINING PROGRAM

Preceptor Evaluation of Trainee

Feedback is essential if our trainees are to improve their clinical skills. Please complete one of these forms for each psychiatric trainer skills. Please complete one of these forms for each parameter skills. Please complete one of these forms for each parameter as possible in who rotated through your service. Please be as explicit as possible in who rotated through your answers. These evaluations will be available for review by both the your answers. These evaluations will be available for review by both the proper clinical

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Preceptor Evaluation of Trainee

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Residency Training. 525B:116A9.

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VA BOSTON HEALTHCARE SYSTEM WEST ROXBURY CAMPUS HOUSESTAFF PERFORMANCE EVALUATION

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Preceptor Evaluation of Trainee

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Residency Training. 525B:116A3.	Mehlo	
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PRECEPTOR EVALUATION OF TRAINEE

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Psychiatric Residency Training at Brockton VA Medical Center (116A7).

PRECEPTOR EVALUATION OF TRAINEE

Feedback is essential if our trainees are to improve their clinical skills. Please complete one of these forms for each psychiatric trainee who rotated through your service. Please be as explicit as possible in your answers. These evaluations will be available for review by both the trainees and the committee which certifies the trainees' clinical competence for the American Board of Psychiatry and Neurology.

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Psychiatric Residency Training at Brockton VA Medical Center (116A7).

Preceptor Evaluation of Trainee

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PRECEPTOR EVALUATION OF TRAINEE

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PRECEPTOR EVALUATION OF TRAINEE

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Please rank skills as follows: 1 = unsatisfactory; 2 = marginal; 3 = satisfactory; 4 = good; 5 = outstanding; N.O. = not observed.

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Please return to Grace J. Mushrush, Psychiatric Residency Training at F	, M.D., Assistant Chief of Psychiatry for Brockton VA Medical Center (116A7).	Education and Director of

PRECEPTOR EVALUATION OF TRAINEE

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Please rank skills as follows: 1 = unsatisfactory; 2 = marginal; 3 = satisfactory; 4 = good; 5 = outstanding; N.O. = not observed.Rajendra D. Bodgarja PGY IT
Psychiatry. From 1/1/01 To 1/31/81 Ambulatory Care? _ <u>PERFORMANCE</u> Thoroughness of follow-up N.O. History taking 3 3 3 3 Use of lab + other dx. tests Physical exam Doctor/patient relations Mental status exam Relations with families Problem formulation Relations with peers Record keeping Relations with other staff Initial plans **CAPABILITIES** Efficiency Knowledge Teaching ability Attitude Rate of learning and ability to learn Additional comments, either specifically related to the items listed above, or generally:

Please print name MIRIAM DROSTET NMD

Please return to Grace J. Mushrush, M.D., Assistant Chief of Psychiatry for Education and Director of Psychiatric Residency Training at Brockton VA Medical Center (116A7).

M.D.

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Please return to Grace J. Mushrush, M.D. Psychiatric Residency Training at Brock	tion VA Medical Center (116A7).

McLean Hospital

115 Mill Street, Belmont, Massachusetts 02478-9106 Telephone 617 855-2000, FAX 617 855-3299

November 5, 2002

Grace Mushrush, M.D. Assistant Chief of Psychiatry for Education and Director of Psychiatric Residency Training Brockton VA Medical Center 940 Belmont Street Brockton, MA 02307

Dear Dr. Mushrush,

I am writing concerning our previous conversations with regard to Dr. Rajendra Badgaiyan during and subsequent to his rotation on the McLean Hospital Clinical Evaluation Center. As you are aware, Dr. Badgaiyan's performance during his rotation was highly variable. He stated that he did not want to have to do a rotation with us at all, and took several days off that were not excused. While doing some complete work ups, there were times when I reviewed his work after supervision and noted that he had not made the recommended changes to his work up prior to leaving for the day. He had significant problems interacting with nursing staff and triage staff in ways that interfered with good patient care.

When we last discussed these issues, you requested that he be allowed to return to the CEC to complete a remedial rotation to try to address these issues. As you know, I reviewed this with numerous staff involved in his rotation, including Paul Barreira, M.D., Asha Parekh, M.D., Victor Petrella, APRN, BC, and Diane Bedell, LICSW. Given our serious concerns during his rotation, we felt that we would be unable to provide such a remedial rotation in addition to our usual teaching rotations for residents, medical students, and clinical nurse specialist students.

Please let me know if you would like to discuss this further. We enjoy working with the Harvard South Shore Psychiatry Residents, and regret that we are unable to provide a remedial rotation for him.

Sincerely,

Medical Director, Clinical Evaluation Center

Paul Barreira, M.D.

Director, Medical Education

Chief, Community Clinical Services

PRECEPTOR EVALUATION OF TRAINEE

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Psychiatric Residency Training at Brockton VA Medical Center (116A7).

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History taking	4	Thoroughness of follow	<i>w</i> -up	•
Physical exam	NA	Use of lab + other dx.	tests <u>No</u>	
Mental status exam	4	Doctor/patient relation	s <u>3</u>	•
Problem formulation	4	Relations with familie	s <u>NO</u>	
Record keeping .	NA.	Relations with peers	NO	
Initial plans	3_	Relations with other s	taff $\underline{3}$	
	•			
CAPABILITIES	•		. 9	
Knowledge		Efficiency		
Attitude	3	Teaching ability	3	•
Rate of learning and ability to	elearn 4		: :	
		the items listed above, or gene	rally:	
Additional comments, either	specifically related to	and Home and		
	•	1-NA-C		•
	C:ad /	LOGYXXVIII	/	M.D.
	Signed		A le's MAIC)
Grac In)	Please print	matre	Angeles MV	
Please return to Grace J. Mu	shrush, M.D., Assista	nt Chief of Psychiatry for Educ	ation and Director of	

Psychiatric Residency Training at Brockton VA Medical Center (116A7).

C)

HARVARD SOUTH SHORE PSYCHIATRY RESIDENCY TRAINING PROGRAM

PRECEPTOR EVALUATION OF TRAINEE

redback is essential if our trainees are to improve their clinical skills. Please complete one of these forms for sch psychiatric trainee who rotated through your service. Please be as explicit as possible in your answers. hese evaluations will be available for review by both the trainees and the committee which certifies the ainees' clinical competence for the American Board of Psychiatry and Neurology.

lease rank skills as follows: 1 = unsatisfactory; 2 = marginal; 3 = satisfactory; 4 = good; 5 = outstanding; I.O. = not observed. Rajendre Book or June 2001 - Jwells Jame of Trainee Ambulatory Care? _____ Name of Clinic 75H - Secure Care PERFORMANCE Thoroughness of follow-up History taking Use of lab + other dx. tests Physical exam Doctor/patient relations Mental status exam NO Relations with families Problem formulation NO Relations with peers Record keeping Relations with other staff

CAPABILITIES

Initial plans

Efficiency Knowledge Teaching ability Attitude

Rate of learning and ability to learn

Additional comments, either specifically related to the items listed above, or generally:

M.D. Signed

Please print name Edgardo C.

Please return to Grace J. Mushrush, M.D., Assistant Chief of Psychiatry for Education and Director of Psychiatric Residency Training at Brockton VA Medical Center (116A7).

(Brockton/W.Rox.) HARVARD - SOUTH SHORE
Psychiatry Resident Training Program

SUPERVISOR EVALUATION OF RESIDENT

BOEDMY 2004.
Richa Badrainan, mo PGY II
me of Resident Ruse (2 mks) sorting Tourton 8both Hospital
me of Resident Rajendra Badgaryan, mo PGY II spervisory period 6/2001 (2 WKs.) setting Taurtm 812th Hospital
hat are his/her greatest strengths? knowledgealle physician-launs
re had 2 meetings. Dr. S. u. a way biological psychiatry and how to least
hat are his/her greatest strengths? He had I meetings. Dr. B is a very bright, knowledgeable physician—learns welly; how to real welly; how the identities on biological psychiatry and how to real weaknesses?
hat are his/her greatest will all psychophanu is not at the
nat are his/her greatest weaknesses? That are his/her greatest weaknesses? Knowledge of widered - have leviced payehopharm is not at the level. Knowledge of widered - have leviced payehopharm is not at the level. However, Also - he should you would repeat it to be given his other strengths. Also - he should you would expect it to be given his other strengths. Also - he should you would repeat it to be given his other strengths.
you would exped it help with making himself what there that
Knowledge of widered - hall the sines his ofher strengths. Also - he should you would expect it to be sines his ofher streng humself understood in English what a bit two abouty to help with meeting humself understood in English what can be added or changed in this resident's training experience that might address these weaknesses? The should alleve all required chuiced bruning activities - 2 am our Ne should alleve all required chuiced bruning activities - 4 am our he should alleve all required chuiced bruning activities - 4 am our he should alleve he will about the maleual and registere his
all about allew all required chance training at and incidence his
Me should allew all required chaired framing activities—the his their their, he will about the material and regime his that if he is there, he will about the material and regime his that if he is the best score:
skills. Please rate this resident on a scale of 1 to 10, where 10 is the best score: Please rate this resident on a scale of 1 to 10, where 10 is the best score:
Please rate this resident alliance 2 do not know enough to
1. Capacity to develop supervision datus
3 2. conduct of sessions (presented on the paper, as requested a description of sessions).
and caracities for resident to the fac suff
2. Conduct of sessions (presented on time, prepared to with process notes). Indust curefully requestly pages, as requestly if the pages at his/her articles. WH 1. Evaluation of psychodynamic capacities for resident at his/her articles to resident at his/her articles. WH 1. Evaluation of psychodynamic capacities for resident at his/her articles for resident at his/her level.
7. 4. Evaluation of capacity for case management only group to he
his/her level.
his/her level. his/her level. 5. Evaluation of psychopharmacologic capacities at his/her level. From what little 2 have obtained, he has an above energy level. From what little 2 have obtained, he has an above energy
To Evaluation of psychopharmacologic capacities at his/her level. From what little 2 have obtained, he has an above energy moveled have for a fely 2 full than how well he's applying it. Additional comments may be written on the back of the form. Additional comments may be written on the back of the resident.
Additional comments may be written on the back of the lotter. I have/have not discussed these points with the resident. Please return this evaluation to Grace Mushrush, M.D. (116A3).
this evaluation to Grace Mushidan, and
Marchael My Date 1874
Supervisor's Signature: DAVID OSSER, MD.
ii yaviy usser, mir.
En /

PRECEPTOR EVALUATION OF TRAINEE

Feedback is essential if our trainees are to improve their clinical skills. Please complete one of these forms for each psychiatric trainee who rotated through your service. Please be as explicit as possible in your answers. These evaluations will be available for review by both the trainees and the committee which certifies the trainees' clinical competence for the American Board of Psychiatry and Neurology.

Please rank skills as follows N.O. = not observed.	: 1 = unsatisfactory; 2 = marg	pinal; 3 = saustactory, 4 - good,	, , , , , , , , , , , , , , , , , , ,
Name of Trainee Ry.	Badgayan MD		PGY
Service DOM - RE		From July D To	Aug 0) feet
In-patient? A	mbulatory Care?	Name of Clinic REAR	7
PERFORMANCE			And across of
History taking	5	Thoroughness of follow-up	p.d. not
Physical exam	NA	Use of lab + other dx. tests	account
Mental status exam	_5	Doctor/patient relations	5 to mel
Problem formulation	4_	Relations with families	NA VICTO
Record keeping	2 - didut write	Relations with peers	NA el al lou
Initial plans	2 - didn't write 2 - didn't write 3 - changed a pate meds.	Relations with other staff	industra-
,			Wife the team my
CAPABILITIES		•	Didn't to
Knowledge	5	Efficiency	sheets outil
Attitude	25 The start and 4	Teaching ability	T late to ga
Rate of learning and abili	<u>L</u>	•	for his wor
Additional comments, eit	ther specifically related to the	items listed above, or generally:	•
See or	ver. Overall & rai	to him a 3 - harely	satisfactory,
	Signed	iln. Que	M.D.
3.4	Please print name		
W Gasa I	Muchaneh M.D. Assistant C	hief of Psychiatry for Education	and Director of

Please return to Grace J. Mushrush, M.D., Assistant Chief of Psychiatry for Education and Director of Psychiatric Residency Training at Brockton VA Medical Center (116A7).

Raj is one of our brightest and most apulle recilents with an exallence with such second as an innectifiator, and academician. He showed several extensibles here - good report and ability to engage a patient psychotherapeutically (note attached from patient documenting this), good ability to writery his cases clearly, with good psychotic diagnosis. But then, there were 4 protein areas I need to note:

1) He delit cooperate at all for the furt two weeks, delast work up uniqued patients (dedn't inform patient or staff that he dedn't follow through) until we had an extended discussion about his lack of respect for my "approach" which was not enline haved" This was claufied and he skated he was ratisfied that he will learn a lot here. It coincided with a general selfexaminations he was going through about whether to stay in the residency. Evilently he shade a position commitment at that point and starting with week 3 he seemed motivated and productive. But during my 3 weeks of leave in August he was supposed to attend Learn meetings and make himself availables during his would REACH hours and staff reported to me that he was not there. In addition, he apparently never met with the supervisor he was assigned for his case of whoit term CAT. He did meet with the patient regularly (weekly for 5 weeks) and the patient liked him (attached note) But Raj raid he met with the supervisor Barbar barmly once and decided she was inexperienced and had nothing to offer it he didn't see her again. I descured This with her sujenno Tim auren and he and she insent he never met with her, every once. Confiniting Ray on this produced an accertion that he did meet with her. No matter how you bok at it, his diverged for a colleague here is again very problematic. Ms. Cormley, by the way, is a somewhat older traince, with more gray hair They



Raj and she has had lots of experience with CBT. Dr. aines who asked me to convey his coicers that a dient here was heady treated without tupewires.

(6) a record area of concern is Raj's accusments of medical inches with the eases 2 arrighed him. In 2 of his 4 cases of he indently failed to look at the patients brokery physical and medical problem list. In his own not, had said There had glaucoma and was receiving a topical like blocker. In the seemle care the petrent hal a triply cerido lend of >600 on alminion to REACH. The petrent is on malproate, which Raj. continued. VPA can increase truppeciales. These if Rig. didn't know That, he should have listed This afnormal lab in his workup where a could have noticed it and told here about the ning. I discussed there cares with Raj. He said that at the fine he had many new patients and could not get to checking all Their lats. That's fine, but he should say in his not, "intlicheck labs later," rather then " no medical problems".

There were other concerns about his not, knowing what was in the patients record. I have an excel from Dr. Curren in which he complained that Raj's treatment plan in a propers not stressed the need for indeed individual therapy. But at that point he was in therapy and had had 5 response with one of our psychology interns. Clearly he wasn't reading

The record.

another problem a noted was one case where he made a medication change contradicting his plan expressed in his previous note, and did not write a note about it. Name of his subsequent notes mentioned The change. When 2 look dree care of the patient, the patient told me what he was on and it was different from the notes. But, cheshing the order sheet confilhed that Raj, dil make That changes (Notes said Serognel was stopped but later he restarted it). This may seem nines but he only had a few cases here and 2 put of big stress on downently the rationals for all medication decisions. They were part The deadline for patting credit

The last weeks after completing his time in RENCH. They're sheets with weeks after completing his time in RENCH. They're supposed to be done within a few days of each visit. He a result, we did not get well for any of Raj's work here To my recollection this has never happened with any other RENCH resident. Raj said he didn't realize the timing was important but 2 believe a stressed that: he rays 2 didn't,

In summary a was prepared, at The last supervision to say that Raj had made a turneround in Rostet and was doing of the Rost in the next few weeks, a was made awade by the above nothing behaviors and careless, rushed work and a felt that he should not get a passing grady. Then, and a felt that he should not get a passing grady. Then, a met with him and discussed all of The above. His attitudes a met with him and discussed all of The above. His attitudes was ho was appropriately concerned, apologodic, not so defension as ho had been in fully. I believe that he sincerely intends to use this feelback to improve his performance in future rotations. I have alerted Jim broth to watch out for his thoroughouse of new of medical rivers and documentation of followup, accordingly review of medical rivers and documentation of followup, accordingly a our giving him an overell jossing grade by 3.

Dand M. Come My

PRECEPTOR EVALUATION OF TRAINEE

Feedback is essential if our trainees are to improve their clinical skills. Please complete one of these forms for each psychiatric trainee who rotated through your service. Please be as explicit as possible in your answers. These evaluations will be available for review by both the trainees and the committee which certifies the trainees' clinical competence for the American Board of Psychiatry and Neurology.

Q Please rank skills as follows: 1 = unsatisfactory; 2 = marginal; 3 = satisfactory; 4 = good; 5 = outstanding; N.O. = not observed.Name of Trainee DR RAJENDRA BANGAIYAN PGY II Name of Clinic EMERGENCY PS Ambulatory Care? **PERFORMANCE** Thoroughness of follow-up History taking Use of lab + other dx. tests Physical exam Doctor/patient relations Mental status exam Relations with families Problem formulation Relations with peers Record keeping Relations with other staff Initial plans **CAPABILITIES** Efficiency Knowledge Teaching ability Attitude Rate of learning and ability to learn

Additional comments, either specifically related to the items listed above, or generally:

Please return to Grace J. Mushrush, M.D., Assistant Chief of Psychiatry for Education and Director of Psychiatric Residency Training at Brockton VA Medical Center (116A7).

PRECEPTOR EVALUATION OF TRAINEE

each psychiatric traine These evaluations wil	e who rotated through your : I be available for review by	their clinical skills. Please complete one of these forms for service. Please be as explicit as possible in your answers. both the trainees and the committee which certifies the d of Psychiatry and Neurology.
Please rank skills as fo N.O. = not observed.	~ ~	marginal; 3 = satisfactory; 4 = good; 5 = outstanding;
Name of Trainee	DR XAJENSRA	DADLALYAW PGY III
Service PSYCI	HIATRY	From 7/1/2001 To 6/30/2002
In-patient?	Ambulatory Care?	Name of Clinic MENTAL HEALTH CLINIC
PERFORMANCE		
History taking	- 5	Thoroughness of follow-up
Physical exam	N.o.	Use of lab + other dx. tests $\frac{\text{N.o.}}{\text{O.o.}}$
Mental status exam	<u>5</u> <u>5</u>	Doctor/patient relations 4
Problem formulation	5	Relations with families $\sqrt{.o.}$
Record keeping	4	Relations with peers
Initial plans	5	Relations with other staff
		•
CAPABILITIES		
Knowledge		Efficiency <u>T</u>
Attitude	4	Teaching ability
Rate of learning and a	bility to learn	
Additional comments,	either specifically related to t	he items listed above, or generally:
is a quit learn	er ul is able to	Summine are histories with considerable
street this bank	god in honoscience	- / copietai is an asset in fettes y his
ulestuding &	ten 155 in in Lis 16 Signed	he items listed above, or generally: for budgingen Summarize case histories with considerable leapnition is an asset in tettes 7 hs. Ann fautt, this M.D.
	Please print na	

Please return to Grace J. Mushrush, M.D., Assistant Chief of Psychiatry for Education and Director of Psychiatric Residency Training at Brockton VA Medical Center (116A7).

HAPR. 24 2002d : 2:12PM PSydBOYLSTON CONS CTR . 300-03-0101

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HARVARD SOUTH SHORE PSYCHIATRY RESIDENCY TRAINING PROGRAM

PRECEPTOR EVALUATION OF TRAINEE

Feedback is essential if our trainees are to improve their clinical skills. Please complete one of these forms for each psychiatric trainees who round through your service. Please be as explicit as possible in your answers. These evaluations will be available for review by both the trainees and the committee which certifies the trainees' clinical competence for the American Board of Psychiatry and Neurology.

Name of Trainee Dr. Badgulyan		POY III
service Medical Ptychiotay	From 1/1/2002 To	2/28/2002
in-patient? Millayth Ambulatory Care?	Name of Clinic	
PERFORMANCE		
History taking	Thoroughness of follow-up	4
Physical exam	Use of lab + other dx, tests	4
Mental status exam	Doctor/patient relations	3
Problem formulation 4	Relations with families	4
Record keeping 4	Relations with poors	3
Initial plans	Relations with other staff	<u>3+</u>
CAPABILITIES		
Knowledge 4	Rfficiency	<u> </u>
Attitude 3	Teaching ability	4
Rate of learning and ability to learn 4		• •
Additional comments, either specifically related t	to the items listed above, or generally:	remuel
DR. Badgayan had deffruity w	ander colerate on or Alleway	of acade pines
of many to the exclusion of clinical st.	ocusting: complex psychiatre to	Web Mats.
he needs to suprouches Signed_ become the regard the Please prim	minusion	
I di aka Almand	40 4	